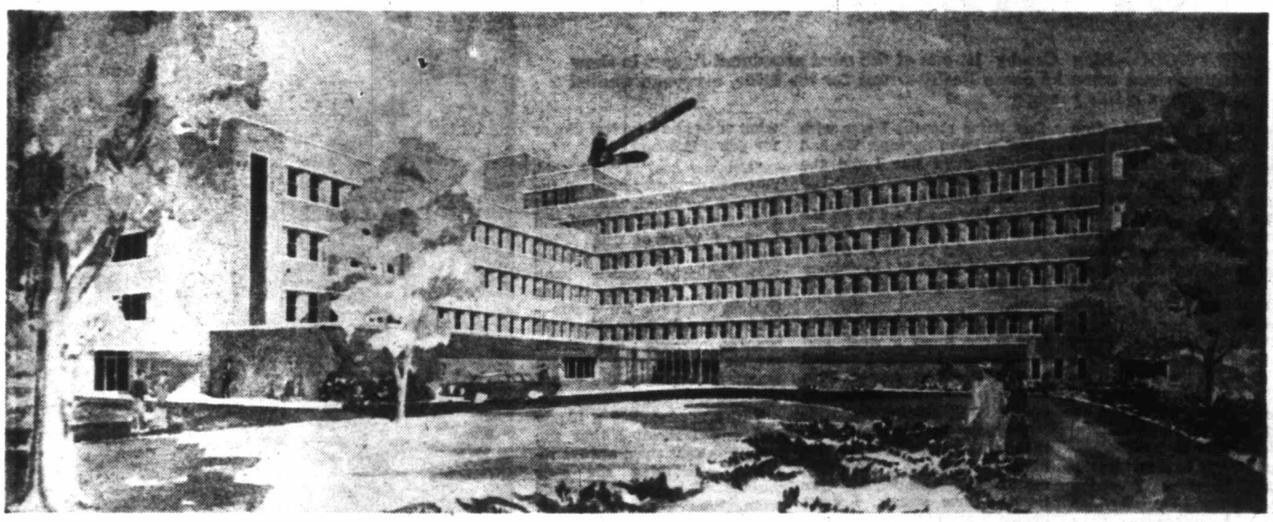
Authorities Take a Look **By Gwen Cash**

BEDSIDE BEAUTICIANS?



The arrow indicates the spot suggested by the writer of this article for a beauty parlor and hairdressing establishment atop the proposed new wing of the Royal Jubilee Hospital. The architect's drawing is of the handsome extension of hospital accommodation which the public is being asked to support financially.

USEFUL THERAPY

AS a constant customer at the Royal Jubilee Hospital—I've had about everything from cancer to a broken arm, in everything from a bed in a public ward to a private room with television—I'm more than interested in its soon-to-be-built two and a half million dollar extension.

"I hope to goodness you're putting in a beauty salon," I said to George Masters, Jubilee's able administrator, when he proudly showed me the plans.

"I'd love to—especially for the kids with new babies wanting to fresh up for young papas," said Mr. Masters, who is a very human administrator.

"They don't need it half as much as old bags like me," I grumbled. "It was darn near three months before I could get down town to my hairdresser with that broken arm. And after 16 days in hospital I wouldn't have felt half such a wreck or nearly as sorry for myself if I could have gone home all primped up."

"Oh, I know it would be a great morale builder," he returned. "As a matter of fact we've been kicking the idea around for years and I've space for a beauty salon in the penthouse opposite the elevator on the top floor of the new building, where it would have all the sun there is and a view of mountains and sea but—"

"But—what?" I asked.

"But there are snags," he said. "An awful lot of snags."

He should know. He's been dealing with snags in hospitals for years.

"In the first place," he continued, "it would have to be a concession and made to pay. The concessionaire would have to make it pay. Appointments might have to be cancelled at last moments because patients had to see doctors, take treatments, go to X-ray or something. And of course cancellation of appointments would mean loss of revenue. Then there couldn't be appointments in the mornings at all because of doctors' visits."

"But couldn't an operator go to a patient's bedside even in the mornings?" I asked. "Men patients get shaved in the mornings. So why can't women have beauty treatments? They needn't interfere with doctors' visits any more than bed making."

"THERE WOULD be difficulties," said Mr. Masters. "Though I've often thought it might be made to work if a Scandinavian took over the concession. Norwegian and Swedish girls are used to shaving and cutting men's hair as well as beautifying women. A combined operation might be made to pay."

"Aren't there hospitals in the States that have beauty salons?" I asked.

"Yes," he said. "But I don't know how many, or if some of the larger Canadian hospitals don't have them too. Tell you what I'll do. I'll send to the library of the American Hospital Association at 840 North Lake Shore, Chicago, and get what dope they have on the subject."

Ten days later he dumped a file on my desk.

Dr. Austin James Evans of Iowa State College had thought the need of beauticians and barbers in hospitals so important he'd made it part of a thesis presented to the department of public health at Yale University.

Reviewing this need he spoke of the beauty salon that's maintained at Manhatten General Hospital in New York, which is so popular customers come back to it long after they've been discharged from hospital.

The hospital management, said Dr. Evans, felt a beauty service helped return women to society as exhuberant, confident individuals instead of depressed, spiritless invalids.

(My sentiments entirely, Dr. Evans!)

Researching on barber service, he said, "There are three primary reasons for maintaining barber service in a hospital: first to avoid the nurses' displeasure at working with unshaven patients; second to raise patient morale; third to present an acceptable group appearance to visitors."

MISS MARY RICHMOND, shrewd, kindly Director of Nurses at Jubilee, with years of experience there and at the General Hospital, Vancouver, is firm about men being shaved as part of the hospital service.

"We have electric razors for them," she told me. "If they are too sick to shave themselves, then an orderly shaves them. Haircutting's another matter. That could be charged for."

"And it wouldn't matter if men or women cut their hair?" I asked.

"Women nurse them. I don't see why they shouldn't cut their hair too," she laughed.

Dr. Evans of Iowa suggests that the beauty salon in any hospital should also own a portable service cart and provide — for women — foam shampoos, waves, manicures, facials, make up, tinting, bleaching, permanent waves, hair conditioning, combing and brushing; for men, shampoo, scalp treatment and manicures.

Among other literature the file from the American Hospital Association contained was a hint that a lot of patients would welcome as a get-well gift a bedside beauty treatment instead of an overload of flowers. I should think the nurses would, too, especially during the gladiola season when vases are crammed with the tall flowers that threaten and often do tumble over and make no end of a mess.

According to the rank and file of nurses with whom I've talked about it, they say getting prettied up certainly helps a patient get well. As often as they've time, they do it for their patients, too.

PHYSIOTHERAPISTS are all for beauty treatments in hospitals — especially for long-term patients, apt to get depressed with the slow re-education of injured limbs. So are occupational therapists, psychologists and psychiatrists, according to the evidence in the file from the American Hospital Association.

Student nurses at Jubilee say, "If we had a beauty salon on the place, maybe we could have our hair done too. It's hard to find time to get down town."

So what about it?

Do we get a beauty salon high among the gulls opposite the elevator on the top floor of Jubilee's wonderful new extension?